MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

12669

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15-1

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Willards
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Elijah (Last) Baker
4. DATE OF DEATH: (Month) Dec. (Day) 3 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower.
8. DATE OF BIRTH: Sept 17 1882
9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Isaac Baker
14. MOTHER'S MAIDEN NAME: Ruth Catherine Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Allen Baker. Willards, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1517

Immediate cause (a) Carcinoma of Stomach — Interval between Onset and Death: 2 yrs.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —
(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1952, 19..., to 12-3, 1953, that I last saw the deceased alive on 12-3, 1953, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Frank R Lewis M.D. Willards Maryland. 12-4-53.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 12/6/53.
NAME OF CEMETERY OR CREMATORY: Bethel
LOCATION (City, town, or county) (State): Willards Md.

DATE REC'D BY LOCAL REG. 12-8-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Peter Whaley
ADDRESS: Salisbury, Md.

RECEIVED
DEC 10 1953
BUREAU V. S.

12679

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parsonsburg — LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Parsonsburg
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) Lavette (Last) Belle

4. DATE OF DEATH (Month) 12 (Day) 26 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: AA

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: 7/1/53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 7 Days 25 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Salisbury, Md. Peninsula Gen. Hospital

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Belle

14. MOTHER'S MAIDEN NAME: Foritha Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Foritha Johnson; Route #1 Parsonsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

500X
Immediate cause (a) Acute tracheo-bronchitis — 2
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: -- **19b. MAJOR FINDING OF OPERATION:** -- **20. AUTOPSY?** Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. **21b. PLACE** (Home, farm, factory, street, office bldg., etc., OF INJURY **21c.** (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M. **21e. INJURY OCCURRED** While at work ☐ Not while at work ☐ **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE Earl L. V... M. D. — CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ — DATE SIGNED 12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF** 12/28/53 — **NAME OF CEMETERY OR CREMATORY** Glass Hill Cemetery — **LOCATION** (City, town, or county) (State) Parsonsburg-Wicomico-Md.

DATE REC'D BY LOCAL REG. 12-29-53 — **REGISTRAR'S SIGNATURE** Mary W. Holloway — **24. FUNERAL DIRECTOR** STEWART FUNERAL HOME - 324 E. Church St. — **ADDRESS** Mary A. Stewart, Salisbury, Maryland

207232383

RECEIVED
JAN 4 1964
BUREAU V. S.

Dr. Insley

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12671

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Salisbury 12 — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hebron X
STREET ADDRESS — (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Ira	Cornelius	Blades	December	4	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Aug 2-1861	92 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY
Farming	Own Farm	Poccomoke Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Francis Blades	Cora Hudson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No.		Mrs. Virgil A. Blades (Son)

18. MEDICAL CERTIFICATION R.D. #3 Salisbury Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Cardio vascular renal disease 442X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11-29, 1953 to 12-4, 1953, that I last saw the deceased alive on 12-4, 1953, and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE Virgil A. Insley (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 12-5-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county)	(State)
Burial	Dec 6-53	Parkwood Memorial Park	Salisbury	Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-5-53	Mary W. Holloway	Holloway & Sons Walter R. Holloway	Salisbury Md.

VS. A15

RECEIVED
DEC 9 1953
BUREAU V.

Dr L B F

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12672

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp. 29

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monie 19X-2
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) H (Last) Bayman
4. DATE OF DEATH: (Month) 12 (Day) 21 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 22-1897
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John R. Bayman
14. MOTHER'S MAIDEN NAME: Effie C. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: 1
17. INFORMANT & ADDRESS: Mrs Frances H Bayman Monie Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
561.0
Immediate cause (a) Generalized Peritonitis — Interval Between Onset And Death 48 hrs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Strangulated, gangrenous inguinal hernia — 5 days
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12.19.53
19b. MAJOR FINDINGS OF OPERATION: Resection of gangrenous gut. & repair of hernia
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12.19, 1953, to 12.21, 1953, that I last saw the deceased alive on 12.21, 1953, and that death occurred at 4:20 Pm, from the causes and on the date stated above.
SIGNATURE H A Brill (Degree or title) M.D. ADDRESS 226 N. Division St DATE SIGNED 12.22.53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-23-1953
NAME OF CEMETERY OR CREMATORY Oriole Cemetery
LOCATION (City, town, or county) (State) Oriole Md
DATE REC'D BY LOCAL REGISTRAR 12-22-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Leslie R. Wilson ADDRESS Princess Anne, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
DEC 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12673

Dr. Smith

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury 12
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Hill Road R.D. # 2 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury 12
STREET ADDRESS (If rural, give location): 600 Main Street

3. NAME OF DECEASED (Type or Print): (First) MADELINE (Middle) P. (Last) BROWN

4. DATE OF DEATH: (Month) DEC (Day) 26 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 16, 1925

9. AGE last birthday: 28 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At own Home

11. BIRTHPLACE (State or foreign country): Pittsville, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lambert Wilkins

14. MOTHER'S MAIDEN NAME: Flossie Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: William James Brown (Husband) Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
171X Immediate cause	(a) Cardiac Failure	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Carcinoma Cervix	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 — **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1953, to 12/26, 1953, that I last saw the deceased alive on 12/26, 1953, and that death occurred at 9:45 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

W. B. Smith M.D. North Division Street Salisbury, Md. Dec. 28 1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 29, 1953	Pittsville Cemetery	Pittsville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-28-53	Mary M. Holloway Walter R. Holloway	HOLLOWAY & COMPANY	SALISBURY MARYLAND

Walter R. Holloway

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) CARTER.

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 1880

9. AGE Last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Daniel Carter

14. MOTHER'S MAIDEN NAME: Julia Anne Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0
Immediate cause (a) Cerebral thrombosis due to
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) arteriosclerosis
DUE TO
(c)

Interval Between Onset And Death: 72 hrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Heart Disease

2.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1951, to December, 1953, that I last saw the deceased alive on 12/27, 1953, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. V. Fuerman M.D. 12-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-29-53 NAME OF CEMETERY OR CREMATORY Md Anat Board LOCATION (City, town, or county) (State) Balto., Md

DATE REC'D BY LOCAL REGISTRAR 12-28-53 REGISTRAR'S SIGNATURE Margaret Holloway

24. FUNERAL DIRECTOR Mr George Pickard ADDRESS Salisbury Md

VS. A15

RECEIVED
DEC 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 335

1. PLACE OF DEATH:

COUNTY Wicomico — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mardela

LENGTH OF STAY (In this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Enroute to hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Wicomico

CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Mardela

STREET ADDRESS Route #2 (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	[illegible]	Church (Jr.)	12	14	1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	[illegible]	3 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	None	[illegible]	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Earl Church, Sr.	[illegible] Mena

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	[illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

812X

Immediate cause (a) Compound Fractured Skull

DUE TO Internal Injuries

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
[illegible]		

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY	21c. (City or town)	(County)	(State)
	Home	Mardela	Wicomico	Maryland

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED While at work ☐	Not while at work ☒	21f. HOW DID INJURY OCCUR?
12	14	53	11:30 A.M.			Truck ran over him

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [illegible] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/15/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	12/16/53	[illegible]	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/16/53	Mary C. Owens	[illegible]	[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

Dr. Gray

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place): 1
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital 70

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Salisbury 1
STREET ADDRESS (If rural give location): 523 East William Street

3. NAME OF DECEASED: (First) STELLA (Middle) (Last) CLARK
4. DATE OF DEATH: (Month) DEC (Day) 10 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: April 8, 1892
9. AGE last birthday: 61 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Operator
10b. KIND OF BUSINESS OR INDUSTRY: Shirt Factory
11. BIRTHPLACE (State or foreign country): Worcester Co. Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Layfette Wimbrow
14. MOTHER'S MAIDEN NAME: Mary Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Hazel Massey R.D.# 2 Pocomoke, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Cardiac decompensation — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Coronary occlusion — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 1953, to 12-10, 1953, that I last saw the deceased alive on 12-10, 1953, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): William D. Gray M.D.
ADDRESS: Camden Avenue Salisbury, Maryland
DATE SIGNED: Dec. 11 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Dec14,1953
NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery
LOCATION (City, town, or county) (State): Near Powellville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-11-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY SALISBURY MARYLAND
ADDRESS: Walter R. Holloway

VS. A18

RECEIVED
DEC 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1 PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
MARYLAND
LENGTH OF STAY (in this place) 41 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CAMDEN AVE.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) CAMDEN AVE

3. NAME OF DECEASED: (Type or Print) (First) ELEANOR (Middle) HORSEY (Last) COBLIER

4. DATE OF DEATH: (Month) 12 (Day) 6 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: DEC. 4, 1881

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): DELAWARE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: THOMAS HORSEY

14. MOTHER'S MAIDEN NAME: UNKNOW

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS ALMA FOOKS LEA, DOVER DEL.,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Arrest DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Degenerative Cardiac Disease DUE TO

(c) Arteriosclerosis

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-1 19 53 to 12-6, 19 53 that I last saw the deceased alive on 12-6, 19 53 and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm B. Smith M.D. Salisbury Md. 12-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF 12/8/1953 NAME OF CEMETERY OR CREMATORY LAUREL HILL CEMETERY LOCATION (City, town, or county) (State) LAUREL, DELAWARE

DATE REC'D BY LOCAL REGISTRAR 12-8-53 REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR ADDRESS
THE HILL & JOHNSON CO. SALISBURY, MD.
George C. Hill II

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 10 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Robins

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Wicomico MARYLAND	STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Powellville — LENGTH OF STAY (in this place) X	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Powellville X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	GRACE	LEE	COLLINS		DEC	23	19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	March 24,1921	32 yrs.				

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
House Work	At Home	R. D. Powellville Md.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Levin H. Collins	Sadie Hales

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
4 No			Mrs. Sadie Collins (Mother) Powellville Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

154X

Immediate cause (a) Carcinoma of Rectum c̄ — 4 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Seventeen Metastases due to

DUE TO

(c) Degeneration of Rectal Polyps — 5 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1949, to Dec 23, 1953, that I last saw the deceased alive on Dec 23, 1953, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Hermann Robbins M.D.	Berlin, Maryland	Dec 26 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial -	Dec 27,1953	Collins Cemetery	Powellville Maryland

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-27-53	Mary W. Holloway	HOLLOWAY & COMPANY SALISBURY	MARYLAND

Walter R. Holloway

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 3 1913
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (in this place) about 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 316 Delaware Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural, give location) 316 Delaware Ave.

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) Henry (Last) Crawford

4. DATE OF DEATH: (Month) 12 (Day) 4 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 2-17-1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months 9 Days 12 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Quantico, Wicomico Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Samuel Crawford
14. MOTHER'S MAIDEN NAME: Mary Jane Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Eunice Crawford 316 Del. Ave. Salisbury, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

Immediate cause (a) Chronic Myocarditis
DUE TO

Antecedent cause(s) (b)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1953, to Dec. 3, 1953, that I last saw the deceased alive on Dec. 3, 1953, and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE William Emrich (DEGREE OR TITLE) M.D. ADDRESS Helron Md. DATE SIGNED Dec 5-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 12-7-53
NAME OF CEMETERY OR CREMATORY Quantico Cemetery
LOCATION (City, town, or county) Quantico, Wicomico Co. (State) Md.

DATE REC'D BY LOCAL REG. 12-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR STEWART FUNERAL HOME ADDRESS 324 E. Church St
Mary A. Stewart, Salisbury, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12680

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Maryland
LENGTH OF STAY (in this place) 5½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick, Maryland
STREET ADDRESS (If rural give location) 9 E. All Saint

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Westly (Last) Cromwell

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1953

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/20/1890

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME: Frank Cromwell

14. MOTHER'S MAIDEN NAME: Alice Butcher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: --

17. INFORMANT & ADDRESS: Hospital Records, Md. (LeRoy W. Cromwell) Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4200

Immediate cause (a) (1) Mesentric thrombosis — Interval Between Onset And Death: 48 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease

DUE TO (c) (2) Arteriosclerotic cardiovascular disease — ?

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-13, 1953, to 12-28, 1953, that I last saw the deceased alive on 12-28, 1953, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Mrs - Deerhead State Hosp. 12-28-53

23. BURIAL, CREMATION, ~~REMOVAL~~ (Specify) DATE THEREOF 12-31-53 NAME OF CEMETERY OR CREMATORY Hope Hill Cemetery LOCATION (City, town, or county) (State) Frederick Co., Md.

DATE REC'D BY LOCAL REGISTRAR 12-30-53 REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR M.R.Etchison & Son ADDRESS 106 E.ChurchSt. Frederick, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1268

CERTIFICATE OF DEATH

Reg. Dist. No. 332

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 10
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
STREET ADDRESS (If rural give location) 308 Naylor Street

3. NAME OF DECEASED: (Type or Print) (First) Lloyd (Middle) Stanton (Last) Davis

4. DATE OF DEATH: (Month) December (Day) 4th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Sept 13-1903
9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country) Powellville Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Stanton Davis
14. MOTHER'S MAIDEN NAME: Martha Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Wm Harold Davis (Brother) 209 Marshall St Salisbury Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar Pneumonia — Interval Between Onset And Death 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1953, to 12/4, 1953, that I last saw the deceased alive on 12/4, 1953, and that death occurred at 6:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Clem T Fisher M.D. ADDRESS Salisbury, Md. DATE SIGNED 12/4/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 6-53
NAME OF CEMETERY OR CREMATORY Adkins Cem
LOCATION (City, town, or county) (State) Powellville Md

DATE REC'D BY LOCAL REGISTRAR 12-5-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Co. ADDRESS Salisbury Md.
Walter R. Holloway

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town: Pittsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. #

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Pittsville
STREET ADDRESS (If rural give location): R. D. #

3. NAME OF DECEASED: (Type or Print) (First) SARAH (Middle) ELIZABETH (Last) DENNIS

4. DATE OF DEATH: (Month) DEC (Day) 22 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 9, 1869

9. AGE last birthday: 84 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): R. D. Powellville Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac Samuel Williams

14. MOTHER'S MAIDEN NAME: Martha Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Robert E. Perdue (Son) Pittsville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

Immediate cause (a) 4437 Chronic Myocarditis — 6 mos.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension — 2 yrs.
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 22, 1953 to Dec. 22, 1953, that I last saw the deceased alive on Dec. 22, 1953 and that death occurred at 12:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Carl M. Beardsley M.D. — ADDRESS: Pittsville Maryland — DATE SIGNED: Dec. 24, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 24, 1953 — NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Cemetery — LOCATION (City, town, or county) (State): Powellville, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-24-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
DEC 9 1943
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury, Md. LENGTH OF STAY (in this place) 2 yrs. 8 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deers Head Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Preston - Rural
STREET ADDRESS (If rural give location) Harmony

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) E. (Last) Du Hadway
4. DATE OF DEATH: (Month) 12 (Day) 25 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-16-1868
9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Easton, Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Martin W. - Ozmon
14. MOTHER'S MAIDEN NAME: Julia Ann Fisher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: George Cook - Preston, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.

Immediate cause (a) Arteriosclerotic heart disease — Interval Between Onset And Death: 5 y (?)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis general — 10 y (?)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rt hemiplegia — 7 y (?)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1951, to 12-25, 1953, that I last saw the deceased alive on 12-25, 1953, and that death occurred at 12/25/53-11 30 a.m., from the causes and on the date stated above.
SIGNATURE S. V. Malche, (Degree or title) M.D. ADDRESS Deer's Head State Hosp. Salisbury Md. DATE SIGNED 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 29 1953
NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery
LOCATION (City, town, or county) (State) Federalsburg, Maryland
DATE REC'D BY LOCAL REGISTRAR 12-24-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR J.J. Frampton and Son ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 335

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury Rt 2 | LENGTH OF STAY (in this place) 3 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Hospital.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale Rt 1
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LEVIN (Middle) Thomas (Last) ENGLISH

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1953

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ? | 8. DATE OF BIRTH: 4-6-1866 | 9. AGE last birthday: 87 yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): LIGHT KEEPER | 10b. KIND OF BUSINESS OR INDUSTRY: RETIRED | 11. BIRTHPLACE (State or foreign country): Sharptown, Md | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Samuel English | 14. MOTHER'S MAIDEN NAME: Andy Deshields

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: NONE | 17. INFORMANT & ADDRESS: Irene Dodson Rhodesdale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broncho pneumonia — Interval Between Onset And Death: 72 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease C
DUE TO (c) congestive failure. — 2 months

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8 ,1953, to 12-31, 1953 that I last saw the deceased alive on 12-31, 1953 and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE Robert Shore (Degree or title) MD | ADDRESS Peninsula Hospital | DATE SIGNED 1/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 1/3/53 | NAME OF CEMETERY OR CREMATORY Brookview | LOCATION (City, town, or county) (State) Brookview, MD

DATE REC'D BY LOCAL REGISTRAR Jan 2, 1953 | REGISTRAR'S SIGNATURE Mary C Devers | 24. FUNERAL DIRECTOR Paul J Smith, Sharptown, Md ADDRESS

VS. A15

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main & Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pennsylvania COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Green Lane
STREET ADDRESS (If rural, give location) c/o Eastern Bible Institute

3. NAME OF DECEASED: (Type or Print) (First) Janet (Middle) (Last) Freda

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 26, 1948
9. AGE last birthday: 5 yrs. IF UNDER 1 YEAR Months 10 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Schoolchild
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Nutley, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Freda
14. MOTHER'S MAIDEN NAME: Margueritte Mencl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Robert H. Mencl; Tyaskin, Md. (Grandfather

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

X16X

Immediate cause (a) Burns of 90% of body and suffocation — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
21c. (City or town) Salisbury (County) Wicomico (State) Maryland

21d. TIME OF INJURY (Month) 12 (Day) 13 (Year) 53 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Killed in auto accident

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 18, 1953
NAME OF CEMETERY OR CREMATORY Glendale Cemetery
LOCATION (City, town, or county) (State) Bloomfield New Jersey

DATE REC'D BY LOCAL REG. 12-14-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main & Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Green Lane ✓
STREET ADDRESS (If rural, give location) c/o Eastern Bible Institute

3. NAME OF DECEASED: (Type or Print) (First) Margueritte (Middle) Freda (Last)

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 19 53

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1923

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR Months 0 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Summit, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert H. Mencl

14. MOTHER'S MAIDEN NAME: Margueritte Faulkner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Robert H. Mencl; Tyaskin, Md. (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

8/6X

Immediate cause (a) Compound fractured skull and brain injury — INTERVAL BETWEEN ONSET AND DEATH: Sudden

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Burns of both feet.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Salisbury (County) Wicomico (State) Md.

21d. TIME OF INJURY (Month) 12 (Day) 13 (Year) 53 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident - (Collision with another)

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF Dec. 18, 1953

NAME OF CEMETERY OR CREMATORY Glendale Cemetery

LOCATION (City, town, or county) Bloomfield (State) New Jersey

DATE REC'D BY LOCAL REG. 12-14-53

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR ADDRESS: HOLLOWAY & COMPANY SALISBURY MARYLAND

Walter R. Holloway

VS. A15A - 5 - 53

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main & Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Green Lane
STREET ADDRESS (If rural, give location) c/o Eastern Bible Institute

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Lou (Last) Freda

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 19 53

5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Jan 18,1944
9. AGE last birthday: 9 yrs. IF UNDER 1 YEAR Months 10 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Schoolchild
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nutley, New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses Freda
14. MOTHER'S MAIDEN NAME: Margueritte Mencl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: --
17. INFORMANT & ADDRESS: Robert H. Mencl (Grandfather)

18. MEDICAL CERTIFICATION Tyaskin, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
816X
Immediate cause (a) Burns of 90% of body and suffocation — INTERVAL BETWEEN ONSET AND DEATH: Sudden
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ **or CONTRIBUTING** ☐ **CAUSE OF DEATH.**
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway
21c. (City or town) Salisbury (County) Wicomico (State) Md.
21d. TIME OF INJURY (Month) 12 (Day) 13 (Year) 53 (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Auto accident [illegible] with another [illegible]

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec.18,1953
NAME OF CEMETERY OR CREMATORY Glendale Cemetery
LOCATION (City, town, or county) (State) Bloomfield New Jersey

DATE REC'D BY LOCAL REG. 12-14-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY ADDRESS MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

RECEIVED
DEC. 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A 5-53

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS W. Main & Isabella St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn. COUNTY [illegible]
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Green Lane
STREET ADDRESS (If rural, give location) c/o Eastern Bible Institute

3. NAME OF DECEASED: (Type or Print) (First) Moses (Middle) (Last) Freda

4. DATE OF DEATH (Month) 12 (Day) 13 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 16, 1920

9. AGE Last birthday: 33 yrs. IF UNDER 1 YEAR Months 1 Days 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: Bible School-Eastern Bible Institute

11. BIRTHPLACE (State or foreign country): Nutley, New Jersey

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph ---------

14. MOTHER'S MAIDEN NAME: Mary Rosalia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Rev. Philip D'Angelo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
816X
Immediate cause (a) Burns of 90% of body and suffocation
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: Sudden

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway

21c. (City or town) Salisbury (County) Wicomico (State) Maryland

21d. TIME OF INJURY (Month) 12 (Day) 13 (Year) 53 (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR? Auto accident (Collision with [illegible])

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 18, 1953
NAME OF CEMETERY OR CREMATORY Glendale Cemetery
LOCATION (City, town, or county) Bloomfield (State) New Jersey

DATE REC'D BY LOCAL REG. 12-14-53
REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Salisbury 12 — LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural give location) Rt. 2

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Goslee

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-25-53

9. AGE last birthday: — yrs. IF UNDER 1 YEAR: Months 1 Days — IF UNDER 24 HRS.: Hours 14 Min. 45

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Nathaniel Goslee

14. MOTHER'S MAIDEN NAME: Cora Birckhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Charles Nathaniel Goslee - Rte 2 Hebron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — DUE TO

(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-25, 1953, to 12-27, 1953, that I last saw the deceased alive on 12/26, 1953 and that death occurred at 4:15 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) William C. Morgon — ADDRESS Salisbury Md — DATE SIGNED 12/27/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-29-53 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) (State) Salisbury, Wicomico Maryland

DATE REC'D BY LOCAL REGISTRAR 12-29-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital — ADDRESS —

20V3381991

VS. A15

RECEIVED
JAN 4 19 4
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural give location) Mt. Hermon Road

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) RAY (Last) Gosnell Jr.

4. DATE OF DEATH: (Month) December (Day) 25 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Child

8. DATE OF BIRTH: June 28, 1950

9. AGE last birthday: 3 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Salisbury, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Ray Gosnell

14. MOTHER'S MAIDEN NAME: Dolly Anne Hearn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mr. Richard Ray Gosnell (Father) R.D.# 3 Salisbury, Maryland

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause	(a) Waterhouse Friderickson Syndrome	26 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Meningococcemia	36 hrs.
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED White at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-23, 19 53, to 12-25, 19 53, that I last saw the deceased alive on 12-25, 19 53, and that death occurred at 2:20 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) Harris A. Lamblin M.D. — ADDRESS Salisbury Md — DATE SIGNED 12/25/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 27, 1953 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county), (State) Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR 12-27-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY — ADDRESS SALISBURY MARYLAND

Walter R. Holloway

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12691

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.G. Hospt.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) R.D. # 4

3. NAME OF DECEASED: (Type or Print) (First) Clarissa (Middle) (Last) Gross

4. DATE OF DEATH: (Month) (Day) (Year) Dec. 16. 1953.

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Oct. 17. 1887.
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: House wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Buckanan County, Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Vance
14. MOTHER'S MAIDEN NAME: Celie Vance

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Pearl Miller (Daughter) R.D.# 4 Salisbury, Maryland.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

194X

Immediate cause (a) CA of Thyroid — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15, 1953, to 12/16, 1953, that I last saw the deceased alive on 12/15, 1953, and that death occurred at 11.25.A.M., from the causes and on the date stated above.

SIGNATURE William D. Gray (Degree or title) M.D. ADDRESS Salisbury Md. DATE SIGNED 12/17/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 18. 1953.
NAME OF CEMETERY OR CREMATORY Parsons Cemetery,
LOCATION (City, town, or county) (State) Salisbury, Maryland.

DATE REC'D BY LOCAL REGISTRAR 12-17-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Holloway & Company, Salisbury, Md. ADDRESS Walter R. Holloway

RECEIVED
DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1269

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Rt. #3

3. NAME OF DECEASED: (Type or Print) (First) KATHERINE (Middle) LEE (Last) Gumby

4. DATE OF DEATH: (Month) 12 (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct. 10, 1939

9. AGE last birthday: 14 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: High School

10b. KIND OF BUSINESS OR INDUSTRY: Student

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dean P. Gumby Sr

14. MOTHER'S MAIDEN NAME: Eva Katherine Parker.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: Dean P. Gumby, Same.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
754.6 Immediate cause	(a) Massive Cerebral Hemorrhage	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Congenital Aneurysm, Anterior Cerebral Artery	Congenital
	DUE TO (c)	
11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/17, 1953 to 12/18, 1953, that I last saw the deceased alive on 12/18, 1953 and that death occurred at 3:35 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) David J. Gilmore M.D. — ADDRESS Salisbury Md. — DATE SIGNED Dec. 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/20/53 — NAME OF CEMETERY OR CREMATORY Parsons Cemetery — LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR 12-19-53 — REGISTRAR'S SIGNATURE Marguerite Holloway

24. FUNERAL DIRECTOR Thehill & Johnson Co. — ADDRESS Salisbury Md.

George L. Hill II

VS. Á15

RECEIVED
DEC 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury, Md
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stockton
STREET ADDRESS (If rural give location) R.F.D.

3. NAME OF DECEASED: (First) (Middle) (Last) Hall
4. DATE OF DEATH: (Month) December (Day) 1 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: color
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 11-27-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days 4 IF UNDER 24 HRS.: Hours Min.

10a. ~~USUAL~~ OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salisbury, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Hall
14. MOTHER'S MAIDEN NAME: Minnie Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Edward Hall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
796 Immediate cause	(a) Prematurity	
	DUE TO	
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	
	DUE TO	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-27, 1953, to 12-1, 1953, that I last saw the deceased alive on 12-1, 1953 and that death occurred at 3:15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Virginia Hunter, M.D.
ADDRESS Peninsula General Hosp
DATE SIGNED 12-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation
DATE THEREOF 12/2/53
NAME OF CEMETERY OR CREMATORY Peninsula General Hospital
LOCATION (City, town, or county) (State) Salisbury Md.

DATE REC'D BY LOCAL REGISTRAR 12-2-53
REGISTRAR'S SIGNATURE Mary M Holloway
24. FUNERAL DIRECTOR Peninsula General Hospital
ADDRESS

20X3245300

RECEIVED
DEC 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12691

Dr. Gilmore

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico; CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Salisbury; STATE MARYLAND; LENGTH OF STAY (in this place) 12; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury; STREET ADDRESS (If rural give location) R. D. #4 Ocean City Road

3. NAME OF DECEASED: (Type or Print) (First) William (Jack) (Middle) Joshua (Last) Hearne

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1906

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months; Days. IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Florist

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): Delmar Delaware

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hermus L. Hearne

14. MOTHER'S MAIDEN NAME: Edith Purnell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNK (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Hazel J. Hearne (Wife) R.D. # 4 Ocean City Rd. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Myocardial Infarct, acute — 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Coronary Thrombosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1953, to Dec 5, 1953 that I last saw the deceased alive on Dec 5, 1953, and that death occurred at 12:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Willem R. Ellis, M.D. Camden Avenue Salisbury, Maryland Dec. 7 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Dec. 8 1953; NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park; LOCATION (City, town, or county) (State) Salisbury, Maryland

DATE RECD BY LOCAL REGISTRAR'S REGISTRAR 12-7-53 SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS

Walter R. Holloway

VS. A15

RECEIVED
DEC 9
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 532

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Snow Hill 23X-2
STREET ADDRESS (If rural give location) R.R.#1

3. NAME OF DECEASED: (Type or Print) (First) Clayton (Middle) (Last) Johnson
4. DATE OF DEATH: (Month) December (Day) 13 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Sept 29, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sun Oil Co.
11. BIRTHPLACE (State or foreign country): Snow Hill Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Alfred Johnson
14. MOTHER'S MAIDEN NAME: Maggie Blake

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 163-07-1210
17. INFORMANT & ADDRESS: Roscoe T. Johnson, Snow Hill, Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

492X

Immediate cause (a) Virus Pneumonia — Interval Between Onset And Death: 18 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/29, 1953, to 12/13, 1953, that I last saw the deceased alive on 12/13, 1953, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE Lloyd R. Grange (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED 12/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 12-16-53 NAME OF CEMETERY OR CREMATORY Mt Wesley Cemetery LOCATION (City, town, or county) Snow Hill, Md (State)

DATE REC'D BY LOCAL REGISTRAR 12-15-53 REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Clay E. Dennis, Snow Hill, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ( )

CERTIFICATE OF DEATH

Reg. Dist. No. 332

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 4 MONS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury R. 3
STREET ADDRESS (If rural give location) 320 Long Acre

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) Fulton (Last) Kenney

4. DATE OF DEATH: (Month) December (Day) 10 (Year) 1953

5. SEX: MALE — 6. COLOR OR RACE: WHITE — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED — 8. DATE OF BIRTH: DEC. 23, 1919 — 9. AGE last birthday: 33 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: GAME WARDEN — 10b. KIND OF BUSINESS OR INDUSTRY: STATE — 11. BIRTHPLACE (State or foreign country): MARYLAND — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES FULTON KENNEY — 14. MOTHER'S MAIDEN NAME: JENNIE M. CALLOWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II — 16. SOCIAL SECURITY NO.: 218-16-6612 — 17. INFORMANT & ADDRESS: Mrs HELEN C. KENNEY, SAME

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Pulmonary edema

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hodgkins

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/14 ..., 19 53, to 12/10 ..., 19 53 that I last saw the deceased alive on 12/10 ..., 19 53, and that death occurred at 11:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Andrew C. Mitchell, M.D. — 228 N. Division - Salisbury — 12/10/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE THEREOF 12/14/53 — NAME OF CEMETERY OR CREMATORY PARSONS CEMETERY — LOCATION (City, town, or county) (State) SALISBURY, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 12-2-53 — REGISTRAR'S SIGNATURE Mary M. Holloway

24. FUNERAL DIRECTOR THE Hill & JOHNSON CO — ADDRESS SALISBURY

George C. Hill II

RECEIVED
DEC 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1 PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 1
LENGTH OF STAY (in this place) 15 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 722 Camden Ave.

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wico.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 1
STREET ADDRESS (If rural give location) 722 Camden Ave.

3. NAME OF DECEASED: (Type or Print) (First) Curtis (Middle) Wailes (Last) Long
4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 17, 1884
9. AGE last birthday: 69 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Gen. Practise
11 BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John I. T. Long
14. MOTHER'S MAIDEN NAME: Cora Disharoon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Louise S. Long - Same

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 1 hour
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) advanced Atherosclerosis — 3 years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1953, to 12-20, 1953, that I last saw the deceased alive on 12-19, 1953, and that death occurred at 6:30 AM from the causes and on the date stated above.
SIGNATURE (Degree or title) LaRademaker M.D. ADDRESS Salisbury Md DATE SIGNED 12-21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/22/53
NAME OF CEMETERY OR CREMATORY Parsons Cemetery
LOCATION (City, town, or county) Salisbury (State) Md
DATE REC'D BY LOCAL REGISTRAR 12-22-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR The Hill & Johnson Co. ADDRESS George C. Hill

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A12

RECEIVED
DEC 29 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Dr. ~~EKK~~ Royer

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS City Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural, give location) South Division St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Horace	LONG	Dec	9	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Aug. 3, 1879	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Attendent	Parking Lot	Worcester County Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Napolen Long	Margaret Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Unk		Mrs. Floyd Jones R.D. # 1 Salisbury Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

9295

Immediate cause (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Street	Salisbury	Wicomico	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Dec 9 1953 8 p.m.		Found drowned.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Earl Royer		407 Camden Avenue Salisbury Maryland	12 Dec. 1953

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Dec. 16, 1953	Perryhawkin Cemetery	R.D. Princess Anne Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-15-53	Mary M. Holloway	HOLLOWAY & COMPANY	SALISBURY MARYLAND

Walter R. Holloway

VS-ATSA

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Gray

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 1/3
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 1
STREET ADDRESS (If rural give location) 308 Penn St.

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) FREDRICK (Last) McCAFFERTY

4. DATE OF DEATH: (Month) DEC (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar 24, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 8 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House Painter
10b. KIND OF BUSINESS OR INDUSTRY: Contract Painter
11. BIRTHPLACE (State or foreign country): Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Abraham Prince
14. MOTHER'S MAIDEN NAME: Susanna Heening

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. Richard McCafferty Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion — Interval Between Onset And Death 2 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) ~~Mesenteric~~ Arteriosclerotic C-V Disease — ?

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Spring, 1952, to Dec. 9, 1953, that I last saw the deceased alive on Dec 9, 1953, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) William D Gray Mrs — ADDRESS Camden Avenue Salisbury, Maryland — DATE SIGNED Dec. 11 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 13, 1953
NAME OF CEMETERY OR CREMATORY Wicomico Memorial Park
LOCATION (City, town, or county) Salisbury Maryland (State)
DATE REC'D BY LOCAL REGISTRAR 12-11-53
REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY SALISBURY MARYLAND ADDRESS

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-A15

RECEIVED
DEC
BUREAU V. S.

Film#G160 Item# 7 1/12/54 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Delmar
STREET ADDRESS (If rural give location) R. 1 Co 3

3. NAME OF DECEASED: (Type or Print) (First) Samuel (Middle) (Last) McCray
4. DATE OF DEATH: (Month) December (Day) 26 (Year) 1953

5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) unknown
8. DATE OF BIRTH: 1876
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): S.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Lorraine Holloway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X

Immediate cause (a) Congestive Heart Disease Failure — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Nephritis, Hypertension — Year?

DUE TO

(c) General Anasarca — Week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arthritis — 3 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) Salisbury (COUNTY) Wicomico (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 24, 1953, to Dec. 26, 1953, that I last saw the deceased alive on 12/26, 1953, and that death occurred at 5:30 pm, from the causes and on the date stated above.

SIGNATURE S. Herbert Sembly (Degree or title) M.D. ADDRESS Salisbury, Md DATE SIGNED Dec. 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12-28-53
NAME OF CEMETERY OR CREMATORY Rockawalking Tmp
LOCATION (City, town, or county) Rockawalking (State)

DATE REC'D BY LOCAL REGISTRAR 12-28-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR [illegible] ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Deer's Head State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural, give location) Johnson Road

3. NAME OF DECEASED: (Type or Print) (First) BESSIE (Middle) WASHINGTON (Last) MERRITT

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 14, 1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Stockton, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Merritt
14. MOTHER'S MAIDEN NAME: Mary Lathbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY NO.: --
17. INFORMANT & ADDRESS: Hospital Records (Robert W. Merritt, Son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	—
DUE TO		
Antecedent cause(s)	(b) Arteriosclerosis	?
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive vascul. dis.; Parkinson's Syndr. 1 y; 2 y

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/18, 1953, to 12/7/, 1953, that I last saw the deceased alive on 12/7/, 1953, and that death occurred at 9:05 A.m., from the causes and on the date stated above.

SIGNATURE S. V. Malone, M.D. (DEGREE OR TITLE) ADDRESS Salisbury Md. Deer's Head St. Hospital DATE SIGNED 12/7/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Dec 9 1953
NAME OF CEMETERY OR CREMATORY Wicomico Mem. Park
LOCATION (City, town, or county) Salisbury (State) Maryland

DATE REC'D BY LOCAL REG. 12-9-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway
Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
DEC 11 1
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1953

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
LENGTH OF STAY (In this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hebron
STREET ADDRESS (If rural, give location) Walnut St.

3. NAME OF DECEASED: (Type or Print) (First) LEONA (Middle) C (Last) MITCHELL
4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 28, 1872
9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months 5 Days — IF UNDER 24 HRS.: Hours — Min. 8

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Quantico, Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Dashiell
14. MOTHER'S MAIDEN NAME: Ellen Hurley

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) If no
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mr. George Mitchell, Hebron, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
156.1
Immediate cause (a) Carcinoma of Liver — DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO
(c)

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1st, 1953, to Dec. 6th, 1953, that I last saw the deceased alive on Dec. 6, 1953, and that death occurred at 11:00 AM, from the causes and on the date stated above.
SIGNATURE, (Degree or title) William Emrich M.D. ADDRESS Hebron, Md. DATE SIGNED Dec 7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/8/53
NAME OF CEMETERY OR CREMATORY Hebron Cemetery
LOCATION (City, town, or county) Hebron (State) Md.
DATE REC'D BY LOCAL REGISTRAR 12-8-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Cornelius T. Jessick
ADDRESS Pivalue, Md

VS. A15

RECEIVED
DEC 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
STREET ADDRESS (If rural, give location) Anderson Road.

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Moore

4. DATE OF DEATH: (Month) December (Day) 16 (Year) 1953.

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): | 8. DATE OF BIRTH: December 16-1953 | 9. AGE last birthday: yrs. | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours 4 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Albert Samuel Moore. | 14. MOTHER'S MAIDEN NAME: Georgia Ann Johnson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Father - Albert Samuel Moore.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

776X Immediate cause (a) Prematurity

DUE TO

Antecedent causes (b) Cause not determined
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-16, 1953, to 12-16, 1953, that I last saw the deceased alive on 12-16, 1953, and that death occurred at 11:50 AM, from the causes and on the date stated above.

SIGNATURE W. M. B. Smith | (Degree or title) M. D. | ADDRESS Salisbury Md. | DATE SIGNED 12/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12-17-53 | NAME OF CEMETERY OR CREMATORY Peninsula General Hospital | LOCATION (City, town, or county) (State) Salisbury, Md.

DATE REC'D BY LOCAL REGISTRAR 12-17-53 | REGISTRAR'S SIGNATURE Charles H. Holloway | 24. FUNERAL DIRECTOR ADDRESS Peninsula General Hospital

20V3182260

VS. A15

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury; MARYLAND; LENGTH OF STAY (in this place) 2nd / 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Somerset. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) EDWARD (Last) PARKINSON

4. DATE OF DEATH: (Month) DEC (Day) 8 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-14-1931

9. AGE last birthday: 22 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fisherman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood.

11. BIRTHPLACE (State or foreign country): Winona Miss. USA

12. CITIZEN OF WHAT COUNTRY: USA.

13. FATHER'S NAME: PRESTON PARKINSON

14. MOTHER'S MAIDEN NAME: ETTA HARRISON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 214-30-9274

17. INFORMANT AND ADDRESS: SHIRLEY PARKINSON wife

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

8.25.X

Immediate cause (a) Concussion + Edema of Lungs — Interval Between Onset and Death: 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lacerations Myelitis level of 7th cervical segment. Trauma Fracture of [illegible] — 24 hrs.

(c) Multiple abrasions + Contusions — 24 hrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Rout 13 Hi Gap. (CITY OR TOWN) West Ironsides (COUNTY) Somerset (STATE) Md.

TIME OF INJURY (Month) Dec. (Day) 7 (Year) 1953 (Hour) 8:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? auto accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☑ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Hus. B. Whaley M.D. (Degree or title) ADDRESS: Princess Anne Md. DATE SIGNED: 12/10/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec-10-1953 — NAME OF CEMETERY OR CREMATORY: Grace Methodist — LOCATION (City, town, or county): Fairmount (State): Md.

DATE REC'D BY LOCAL REG. 12-16-53 — REGISTRAR'S SIGNATURE: Mary M. Holloway

24. FUNERAL DIRECTOR: L. Swiggett Inc. — ADDRESS: Deal Island Md.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Salisbury — LENGTH OF STAY (in this place) 13
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland. COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 1
STREET ADDRESS (If rural give location) 602 Liberty Street.

3. NAME OF DECEASED: (Type or Print) (First) Etta (Middle) Barrett (Last) Powell.

4. DATE OF DEATH: (Month) December (Day) 21 (Year) 1953.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Remarried

8. DATE OF BIRTH: 3/8/1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR: Months 9 Days 13 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Telephone Opr.

10b. KIND OF BUSINESS OR INDUSTRY: C&P Tel Co.

11. BIRTHPLACE (State or foreign country): Accomack Co

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George O. Barrett

14. MOTHER'S MAIDEN NAME: Mary O. Barrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Miss Pearl Barrett

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Acute Myocardial infarction DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 10, 1953, to 12/21, 1953, that I last saw the deceased alive on 12/21, 1953, and that death occurred at 3:55 PM, from the causes and on the date stated above.

SIGNATURE Andrew C Mitchell (Degree or title) — ADDRESS Salisbury Md — DATE SIGNED 12/24/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/23/53 — NAME OF CEMETERY OR CREMATORY Belle Haven — LOCATION (City, town, or county) (State) Belle Haven Va

DATE REC'D BY LOCAL REGISTRAR 1-2-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Myrtle Jones Undertaker — ADDRESS Belle Haven Va.

RECEIVED
JAN 5 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS G. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Worcester
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Snow Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Emily (Middle) (Last) Purnell

4. DATE OF DEATH (Month) Dec. (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Jan. 16 - 1924
9. AGE last birthday: 29-11-10 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Snow Hill Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Bratten
14. MOTHER'S MAIDEN NAME: Lavada Callick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Rosie Bratten, Snow Hill, Md Rural #1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Subdural Hemorrhage - Traumatic — INTERVAL BETWEEN ONSET AND DEATH: 1 day

983X

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME
21c. (City or town) SNOWHILL (County) WORCESTER (State) Md

21d. TIME OF INJURY (Month) 12 (Day) 26 (Year) 53 (Hour) 1:00 AM.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? BLOW ON HEAD DURING ALTERCATION

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☐, Homicide ☒, Undetermined cause ☐.

SIGNATURE J. Beutel La Mar M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 12-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 29/53
NAME OF CEMETERY OR CREMATORY Mt. Wesley
LOCATION (City, town, or county) Snow Hill (State) Md

DATE REC'D BY LOCAL REG. 12-29-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Alley E. Dennis, Snow Hill, ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A - 5 - 53

[illegible] V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr. Mann

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 206 Davis Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): 206 Davis Street

3. NAME OF DECEASED: (First) WILLIAM (Middle) (Last) PURNELL
4. DATE OF DEATH: (Month) DEC (Day) 30 (Year) 19 53

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: July 8, 1874
9. AGE last birthday: 79 yrs. — IF UNDER 1 YEAR: Months 5, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: On Own Farm
11. BIRTHPLACE (State or foreign country): Pittsville, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Purnell
14. MOTHER'S MAIDEN NAME: Elizabeth Dennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Edith M. Purnell (Wife) 206 Davis St. Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 421.4 Valvular Heart Disease — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1953, to 12/29, 1953, that I last saw the deceased alive on 12/29, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lucien R. Mann M.D.
ADDRESS: Broad St. Salisbury, Maryland
DATE SIGNED: Dec. 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Jan 1-54
NAME OF CEMETERY OR CREMATORY: Parsons Cemetery
LOCATION (City, town, or county) (State): Salisbury Md

DATE REC'D BY LOCAL REGISTRAR: 1-1-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY SALISBURY MARYLAND
ADDRESS

Walter R. Holloway

RECEIVED
JUN 5 1934
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12708

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 1½
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pocomoke 23-39-2
STREET ADDRESS (If rural give location) Walnut St. ✓

3. NAME OF DECEASED: (Type or Print) (First) Rosa (Middle) L (Last) Rayfield

4. DATE OF DEATH: (Month) (Day) (Year) December 8 - 1953

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Dec 24, 1869
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mappsville Va
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Gillespie
14. MOTHER'S MAIDEN NAME: Sally Finney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Thelma Mason, Pocomoke Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

540.0
Immediate cause (a) Gastric hemorrhage — Interval Between Onset And Death: 2 days
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Gastric ulcer — unknown
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 ...., to 12/8/, 1953, that I last saw the deceased alive on 12-8, 1953, and that death occurred at 6 40 pm., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wilbur R. Ellis, Jr. MD
ADDRESS Salisbury, Md.
DATE SIGNED 12-9-53

23. BURIAL, CREMATION, REMOVAL (Specify)
DATE THEREOF 12-10-53
NAME OF CEMETERY OR CREMATORY Modestown Baptist Cemetery
LOCATION (City, town, or county) (State) Modestown, Va

DATE REC'D BY LOCAL REGISTRAR 12-10-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson, Pocomoke, Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC
BUREAU V. S.

Dr. Laury

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Salisbury
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Pen. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural give location): R. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) ELLA (Middle) (Last) ROBERTSON

4. DATE OF DEATH: (Month) DEC (Day) 20 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Mar. 25, 1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 8 Days 25 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: At Own Home

11. BIRTHPLACE (State or foreign country): Wicomico County Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Williams

14. MOTHER'S MAIDEN NAME: Susanna Moore

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Nak (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Grace W. Brewington (Daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 hr.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on 12-20, 1953, and that death occurred at 11:10 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Lee L Laury M.D. ADDRESS: Fruitland Maryland DATE SIGNED: Dec. 21 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec. 22, 1953 — NAME OF CEMETERY OR CREMATORY: Wicomico Memorial Park — LOCATION (City, town, or county) (State): Salisbury, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12-21-53 — REGISTRAR'S SIGNATURE: Mary W. Holloway

24. FUNERAL DIRECTOR: HOLLOWAY & COMPANY — ADDRESS: SALISBURY MARYLAND

Walter R. Holloway

VS-A15

DEC
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury 12
LENGTH OF STAY (in this place) 5 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY Accomack
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Church
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) S (Last) Shrieves

4. DATE OF DEATH: (Month) (Day) (Year) December 31 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: April 23, 1890
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Retired Rural Mail Carrier
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis Shreaves
14. MOTHER'S MAIDEN NAME: Catherine Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ✓
16. SOCIAL SECURITY No.: ✓
17. INFORMANT & ADDRESS: Mrs Lola T. Shreaves (New Church, Va.)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Myocardial Insufficiency — 1 yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Coronary Artery Heart Disease — 1 yr.

DUE TO (c) Pulmonary Embolus — 1 week

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — 10 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1952, to Dec. 31, 1953, that I last saw the deceased alive on Dec. 31, 1953, and that death occurred at 3:45 pm from the causes and on the date stated above.

SIGNATURE David J. Gilmore (Degree or title) Mo D. ADDRESS Salisbury Md. DATE SIGNED Dec. 31, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF January 2, 1954
NAME OF CEMETERY OR CREMATORY Nelson Cemetery
LOCATION (City, town, or county) Rural, Pocomoke (State) Md.

DATE REC'D BY LOCAL REGISTRAR 1-4-54
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR Henry H. Watson ADDRESS Pocomoke, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Worcester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ocean City
STREET ADDRESS (If rural give location) Ocean City.

3. NAME OF DECEASED: (Type or Print) (First) Ward (Middle) D. (Last) Smallwood

4. DATE OF DEATH: (Month) December (Day) 5 (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Divorced

8. DATE OF BIRTH: Nov 6 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Commercial Fisherman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Parkertown Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Burch

14. MOTHER'S MAIDEN NAME: Emma Burch

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs Charles C. Carey 1216 E. 22nd St. Wilmington Del

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-6, 1953 to 12-8, 1953 that I last saw the deceased alive on 12-8, 1953, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Willis B. Ellis Jr. M.D. ADDRESS Salisbury, Md. DATE SIGNED 12-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 12-9-53 — NAME OF CEMETERY OR CREMATORY Lombardy Cemetery — LOCATION (City, town, or county) Wilmington (State) Del.

DATE REC'D BY LOCAL REGISTRAR 12-9-53 — REGISTRAR'S SIGNATURE Mary M. Holloway — FUNERAL DIRECTOR James Herman Pierce — ADDRESS Md.

RECEIVED
DEC 11
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 5 mo - 7 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS DEER'S HEAD STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton (Rural Pleasant Hill)
STREET ADDRESS (If rural give location) R-3

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Franklin (Last) Smith

4. DATE OF DEATH: (Month) Dec. (Day) 1st (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: April 27-1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Smith
14. MOTHER'S MAIDEN NAME: Amanda Coale

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Unknown (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: 218-09-1814A
17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

177x

Immediate cause (a) Uremia — 1 week.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Generalized Carcinomatosis — 6 mos

DUE TO

(c) Ca of Prostate — 3 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to Dec. 1st, 1953, that I last saw the deceased alive on Dec. 1st, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE: B J Gore (Degree or title) MD ADDRESS Deerhead Hosp. DATE SIGNED 12-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12-6-1953
NAME OF CEMETERY OR CREMATORY: METHODIST (Union)
LOCATION (City, town, or county) (State): Union ELKTON RD Cecil Md

DATE REC'D BY LOCAL REGISTRAR: 12-9-53
REGISTRAR'S SIGNATURE: Mary W. Holloway
24. FUNERAL DIRECTOR: Joseph R Grant ADDRESS North East Md

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury 12
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Allen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Rebecca (Middle) (Last) Taylor
4. DATE OF DEATH (Month) Dec. (Day) 5 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1928
9. AGE last birthday 25 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Filling station
11. BIRTHPLACE (State or foreign country) Wenona
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Zack Taylor
14. MOTHER'S MAIDEN NAME Ella Parkinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Zack Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

802x Immediate cause (a) Hemorrhage into Respiratory Tract — * 3 HRS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of Nasal Bones — * 3 HRS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fracture of ribs; abrasions; and contusions. — * 3 HRS

19a. DATE OF OPERATION None 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Railroad crossing (CITY OR TOWN) Loretta (COUNTY) Somerset (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 5, 1953 3:20 P.M.
INJURY OCCURRED While at work ☐ Not while at work ☒ 1
HOW DID INJURY OCCUR? Struck by Railroad Train

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Thos. B. Wheeley M.D. ADDRESS Princess Anne, Md. 12-7-53 DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 12 8 53
NAME OF CEMETERY OR CREMATORY Allen Methodist Cemetery
LOCATION (City, town, or county) Allen (State) Md.

DATE REC'D BY LOCAL REG. 12-15-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR L. G. Webster ADDRESS Dan Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Salisbury — LENGTH OF STAY (in this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Worcester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bishop 2 mi
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) Walters (Type or Print)

4. DATE OF DEATH: (Month) December (Day) 28 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12/28/53

9. AGE Last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 8 Min. 42

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jamie Walters

14. MOTHER'S MAIDEN NAME: Gertrude Annie Tingle

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: mother + father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

759.0
Immediate cause (a) Deformation J Lungs
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Prematurity
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28, 1953, to 12/28, 1953, that I last saw the deceased alive on 12/28, 1953, and that death occurred at 11:30 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) W. B. Smith M.D. — ADDRESS Salisbury Md. — DATE SIGNED 12/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12/30/53 — NAME OF CEMETERY OR CREMATORY Peninsula General Hospital — LOCATION (City, town, or county) Salisbury, W.C. — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12-30-53 — REGISTRAR'S SIGNATURE Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital — ADDRESS Salisbury Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 332

1. PLACE OF DEATH: COUNTY Wicomico MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
LENGTH OF STAY (in this place) 12
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Hill Private Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Wicomico COUNTY Maryland
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Salisbury
STREET ADDRESS (If rural give location) ~~Spring Hill Private Sanitarium~~

3. NAME OF DECEASED: (Type or Print) (First) MARION (Middle) SLEMONS (Last) WARD
4. DATE OF DEATH: (Month) DEC (Day) 25 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 6, 1871
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: On Own Farm
11. BIRTHPLACE (State or foreign country): Near Salisbury, Md Wicomico
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Ward
14. MOTHER'S MAIDEN NAME: Pooly Coulbourh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Mrs. Catherine Moffet (Isabella St. Salisbury Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442.X

Immediate cause (a) Cardio-vascular rural disease — Interval Between Onset And Death 6 mo.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1, 1953, to 12-25, 1953, that I last saw the deceased alive on 12-25, 1953 and that death occurred at ... from the causes and on the date stated above.

SIGNATURE Philip A. Tuckey (Degree or title) M.D. ADDRESS Salisbury Md DATE SIGNED 12-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 29-53
NAME OF CEMETERY OR CREMATORY Ward Family Cemetery
LOCATION (City, town, or county) Near Mount Hermon R.D. Sal (State)
DATE REC'D BY LOCAL REGISTRAR 12-29-53
REGISTRAR'S SIGNATURE Mary W. Holloway
24. FUNERAL DIRECTOR HOLLOWAY & COMPANY ADDRESS SALISBURY MARYLAND

Walter R. Holloway

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JUL 4 1974
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1271G

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wicomico — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury — LENGTH OF STAY (in this place) 13
HOSPITAL OR INSTITUTION OR STREET ADDRESS Peninsula General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Salisbury
STREET ADDRESS (If rural give location) Route 5

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) Wells

4. DATE OF DEATH: (Month) (Day) (Year) December 26 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12/26/53

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours 1, Min. 10

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Virgil Wells

14. MOTHER'S MAIDEN NAME: Anna Mae Bedsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: James Virgil Wells.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

757.1

Immediate cause (a) Congenital polycystic kidneys & visceral ataxia

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2 — **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 12/24/1953, to 12/26/1953, that I last saw the deceased alive on 12/26/1953, and that death occurred at 5:30 pm, from the causes and on the date stated above.

SIGNATURE Stedman W. Smith (Degree or title) MD CM. ADDRESS Salisbury DATE SIGNED 12-30-53

23. BURIAL, CREMATION, REMOVAL (Specify) — **DATE THEREOF** 12/30/53 — **NAME OF CEMETERY OR CREMATORY** Peninsula General Hospital — **LOCATION** (City, town, or county) (State) Salisbury Md

DATE REC'D BY LOCAL REGISTRAR 12-30-53 — **REGISTRAR'S SIGNATURE** Mary W. Holloway

24. FUNERAL DIRECTOR Peninsula General Hospital — **ADDRESS** Salisbury Md

20V3263333

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JAN 4 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12717

Dr. Lewis

CERTIFICATE OF DEATH

Reg. Dist. No. 332

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Wicomico MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pittsville
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS R. D. # 1 X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pittsville X
STREET ADDRESS (If rural give location) R. D. # 1

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) JAMES (Last) WILKINS

4. DATE OF DEATH: (Month) DEC (Day) 31 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 18, 1897

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months 10 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Owned General Store

11. BIRTHPLACE (State or foreign country): Roxanna Delaware 07

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Wilkins

14. MOTHER'S MAIDEN NAME: Emma Kate Littleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) 9

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Susie Grace Wilkins (Wife) R.D.# 1

18. MEDICAL CERTIFICATION Pittsville, Maryland

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.1 (a) Coronary occlusion (3rd attack) — Interval Between Onset And Death: 5 min

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8, 19..., to date of death, 19..., that I last saw the deceased alive on 12-31, 1953 and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Frank Lewis M.D.
ADDRESS Willards, Maryland
DATE SIGNED Jan. 2 1954

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Jan. 3- 1954
NAME OF CEMETERY OR CREMATORY Friendship Cemetery
LOCATION (City, town, or county) (State) Near Pittsville Maryland

DATE REC'D BY LOCAL REGISTRAR 1-2-53
REGISTRAR'S SIGNATURE Mary W. Holloway Walter R. Holloway

24. FUNERAL DIRECTOR HOLLOWAY & COMPANY
ADDRESS SALISBURY MARYLAND

Walter R. Holloway

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